

TRANSPORTATION DISCREPANCY REPORT (TDR)	1. DATE	2. REPORT NUMBER	OMB No. 0702-0124 OMB approval expires Feb 28, 2009
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The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0702-0124). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:
SDDC, ATTN: MTDC-OPCL, 661 SHEPPARD PLACE, FORT EUSTIS, VA 23604.**

PART I

<input type="checkbox"/> REQUEST FOR INFORMATION (RFI)		<input type="checkbox"/> MISCELLANEOUS PROBLEMS		<input type="checkbox"/> ASTRAY FREIGHT	
3. TO			4. REPORTING ACTIVITY		
5. CONSIGNOR (Origin)			6. CONSIGNEE (Destination)		
7. SHIPPER			8. CARRIER'S NAME (SCAC)		
9. CARRIER'S PRO/FREIGHT BILL NO.			10. BILL OF LADING NO./TYPE		

11. MODE CODE	12. DATE CARRIER SIGNED FOR SHIPMENT	13. DATE CONSIGNEE RECEIVED SHIPMENT	14. DATE DISCREPANCY DISCOVERED	15. DATE CARRIER NOTIFIED	16. CARRIER REPRESENTATIVE CONTACTED TELEPHONE NO.
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17. SEAL NUMBERS AND CONDITION
 INTACT BROKEN/MISSING (Include details)

TRANSPORTATION CONTROL NO. 18	COMMODITY DESCRIPTION AND/OR NATIONAL STOCK NO. (NSN) 19	TYPE OF PACK 20	QUANTITY DISCREPANT (Pieces) 21	TYPE AND CAUSE CODE 22	ISSUE DATA				VALUE OR COST OF REPAIRS 27
					UNIT OF ISSUE 23	UNITS BILLED/ SHIPPED 24	DISCREPANT		
							UNITS 25	UNITS 26	

28. REMARKS (See preparation instructions of covering regulation for suggested information)

29a. NAME OF PREPARER (Type or print)	29b. EMAIL ADDRESS
29c. TELEPHONE NO.	29d. FACSIMILE NUMBER

30. REPLY

31a. NAME OF RESPONDENT (Type or print)	31b. TELEPHONE NO.
31c. EMAIL ADDRESS	31d. FACSIMILE NUMBER
31e. DATE	

PART II - (FOR CLAIMS PURPOSES)

32. TO:

33. EXCEPTION NOTED ON CARRIER'S DELIVERY RECEIPT? (If "NO," explain in Remarks)

YES NO

34. INSPECTION DATA

CARRIER INSPECTED
(Report attached)

INSPECTION WAIVED
(Waiver attached)

ORAL WAIVER *(Provide name, title,
and date in Remarks)*

GOVERNMENT INSPECTED
(Report attached)

35. DISPOSITION DATA

REJECTED
(Receipt attached)

REPAIRED AT GOVERNMENT
EXPENSE *(Bill attached)*

OTHER *(Explain in Remarks)*

36. REMARKS (See preparation instructions of covering regulation for suggested information)

37. ATTACHMENTS

CY BOL DD FORM 1348-1

CY CARRIER'S TENDER CY DD FORM 250

CY CARRIER'S DELIVERY RECEIPT ACTUAL REPAIR COST COMMODITY

PHOTOGRAPH OTHER _____

CARRIER'S INSPECTION REPORT OTHER _____

38. ACCOUNTING CLASSIFICATION